MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

CERTIFICATE OF DEATH

08849

Reg. Diat. No. 394

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town McDaniel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town St. Michaels, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Julia A. Bridges

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife Samuel H. Bridges

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 21 1867

8. AGE: Years	Months	Days	If less than one day
72	7	28	..... hrs. ..... min.

9. Birthplace Bozman Talbot Co. Md

(Town, county, and state)

10. Usual occupation Home wife

11. Industry or business

FATHER 12. Name Thomas F. Bridges

13. Birthplace Talbot Co. Md.

MOTHER 14. Maiden name Deborah E. Ball

15. Birthplace Talbot Co. Md

16. Informant Miss Elizabeth Bridges

Address McDaniel Md.

17. Burial Date thereof Aug 20, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location St. Michaels Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19 Aug 20 1940 Anna Carey Thomas

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1940 9 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1938 to Aug 18 1940

and that I last saw h...ed alive on Aug 18 1940

Immediate cause of death	DURATION
Chronic Nephritis	about 2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Hole M.D.

M. D. or other

Address St Michaels Md Date signed 8/19/40

RECEIVED
SEP 6 1940
BUREAU V. S.

08850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Rural near Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 58

Hospital, institution, or street address where death occurred: Easton Md R. F.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Talbot

City or town: R.D. near Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Edward N. Brenneman

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: M. Castella Brenneman 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 12/17/69

8. AGE:

Years	Months	Days	If less than one day
70	8	7	..... hrs. ..... min.

9. Birthplace: Lancaster Co, Pa
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Benjamin N. Brenneman
13. Birthplace: Pa

MOTHER
14. Maiden name: May Kahler
15. Birthplace: Pa

16. Informant: M. Castella Brenneman
Address: Easton Md R.F.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/27/40 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md

18. Funeral director: James A. Spence
Address: Easton Md

19. 8/26 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-24 1940, at 3:05 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-18 1940, to 8-24 1940 and that I last saw him alive on 8-24 1940

Immediate cause of death	DURATION
Coronary thrombosis	7 da
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Tyler Baker M.D.
M. D. or other

Address: Easton Date signed: 8-26-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08851

Reg. Dist. No. 293, 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Wye Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 76 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Queen Anne
City or town Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rev. Henry Covington

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian Estella Covington
6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) July 11 - 1858

8. AGE: Years 82 Months Days 27 If less than one day ____ hrs. ____ min.

9. Birthplace Edred Store - Md
(Town, county, and state)

10. Usual occupation Preacher

11. Industry or business "

FATHER 12. Name Elija Covington
13. Birthplace Edred Store, Md

MOTHER 14. Maiden name Mary Louise Covington
15. Birthplace Near Edred Store Md

16. Informant Mrs. Henry Covington
Address Wye Mills - Md

17. Burial ✓ Date thereof Aug 9-'40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville, Md.

16. Funeral director Barton Bros
Address Centreville, Md.

19. 8/8 - 1940. J. L. Gardner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 8 - 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1 1940, to July 8 1940, and that I last saw him alive on July 7 1940.

Immediate cause of death	DURATION
Pulmonary Oedema	1 wk
Due to Cardiac decompensation	8 mo
Due to Chronic Myocarditis	6 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. H. Fisher M. D. or other
Address Centreville Date signed 8 - 8 - 40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-T)

CERTIFICATE OF DEATH

Dr Wils 08852

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

If in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Indiana Lancaster Deshields

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	C.	M.

B (b) Name of husband or wife Chas Deshields

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
62			hrs. min.
60			

9. Birthplace Fauquier County, Va.
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER 12. Name Peter E. Lancaster

13. Birthplace Va.

MOTHER 14. Maiden name Emma Jarrells

15. Birthplace Va

16. Informant Chas. Deshields

Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 7 1940 (month) (day) (year)

Cemetery or crematory Coppersville

Location Near Easton Md

18. Funeral director James A. Spence

Address Easton. Md.

19. 8/6 (Date rec'd by registrar) 1940 N. H. Merrill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4th 1940, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to Aug 4 1940, and that I last saw h[illegible] alive on Aug 3rd 1940

Immediate cause of death	DURATION
Valvular heart disease	Do not
(mitral regurgitation)	know
Due to Advanced general	
arterio-sclerosis	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Denny Willson M. D. or other

Address St. Michaels, Md Date signed Aug 5 '40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08853

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Near Easton R.F.D. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Talbot

City or town Near Easton R.F.D. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Thomas N. Gibson

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Ida E. Gibson

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) About 1870

8. AGE: Years 70 | Months unknown | Days | If less than one day hrs. min.

9. Birthplace Mary Land (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER 12. Name Thomas Gibson

13. Birthplace Md

MOTHER 14. Maiden name unknown

15. Birthplace —

16. Informant Fannie Ewing

Address Easton, Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/22/40 (month) (day) (year)

Cemetery or crematory Near Chapel

Location Near Easton

18. Funeral director James A Spencer

Address Easton Md

19. 8/22 1940 (Date rec'd by registrar) N.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940, at 3A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940, to August 19 1940, and that I last saw h in alive on August 19 1940

Immediate cause of death Chronic Myocarditis — DURATION 8 years

Due to Arteriosclerosis

Due to —

Other conditions —

(Includo pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE C. C. Neuman M. D. or other

Address Easton, Md Date signed 8/23/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

08854

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH:

County Talbot

City or town Cordova

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 37 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Cordova Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓ ✓

3. (a) FULL NAME August Huntsman

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Wilhelmina Huntsman

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 12/22/62

8. AGE: Years 77 Months 7 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name J Henry Huntsman

13. Birthplace Germany

MOTHER 14. Maiden name Catherine Cording

15. Birthplace Germany

16. Informant Edward Huntsman

Address Cordova Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 21 1940 (month) (day) (year)

Cemetery or crematory St Paul Luther

Location Cordova Md

18. Funeral director James Spence

Address Easton Md.

19. 8/19 1940. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 18 1940, at 6 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1940, to Aug 18 1940, and that I last saw him alive on Aug 14 1940.

Immediate cause of death Cancer of stomach — DURATION 3 mo.

Due to

Due to

Other conditions arteriosclerosis and arteriosclerotic heart disease — 10 yr

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy none done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S Paul Knotts M D M. D. or other

Address Denton Md Date signed Aug 19 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

115-C

08995

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Joseph Lynch

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

(a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1936

8. AGE: Years 4 | Months | Days 24 | If less than one day hrs. min.

9. Birthplace Wilmington Del.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Wm. Norman Lynch

13. Birthplace Londonderry, Ireland

MOTHER 14. Maiden name Catherine Stewart

15. Birthplace Baltimore, Md.

16. Informant Norman Lynch

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/21/40 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director Munnie E. Kenworthy

Address Easton Md.

19. 8/21 1940 N. F. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940, at 9:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 1940, to August 19 1940, and that I last saw him alive on August 19 1940.

	DURATION
Immediate cause of death Hemorrhage	
Carcinoma Left	10 min
Due to abscess, Retrorectal, Pyogenic	5 days
Due to	
Other conditions abscess, deep Cervical Left	3 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations Pneumococcus + Staph abscess

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. D. Noble M.D.

M. D. or other

Address Easton Md Date signed 8/20/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

08855

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton. Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3.(a) FULL NAME George Martin Miller

3.(b) Social Security Number None

4. Sex M.

5. Color or race W.

6.(a) Single, married, widowed, or divorced W

6(b) Name of husband or wife Jane Miller.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1855

8. AGE: Years 84 Months 7 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace Bremen, Germany.
(Town, county, and state)

10. Usual occupation Retired.

11. Industry or business

FATHER
12. Name (?) Dietrich
13. Birthplace Germany

MOTHER
14. Maiden name Anna Saltorius
15. Birthplace Germany

16. Informant Katherine Miller

Address Easton. Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Aug. 6, 1940
(month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director James A. Spence

Address Easton, Md.

19. 8/6 1940 N. H. Neeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1930, to Aug 4 1940, and that I last saw him alive on Aug 3 1940.

Immediate cause of death Cardiac decompensation — DURATION 3 days

Due to Chronic valvular heart disease — 10 year

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE William T Hammond
M. D. or other

Address Easton Md Date signed Aug 5 40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

08856

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 hrs. 16 min.
Hospital, Institution, or street address where death occurred:
Emergency Hospital.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Harmony, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Murphy

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Newborn

8.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 23, 1940

8. AGE: Years	Months	Days	If less than one day
			3 hrs. 16 min.

9. Birthplace Easton, Talbot Co, Maryland
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name James Henry Murphy
13. Birthplace Dorchester Co., Maryland
MOTHER 14. Maiden name Mae Virginia McCracken
15. Birthplace Talbot Co., Maryland
16. Informant Mae Virginia Murphy
Address Harmony, Caroline Co., Md.
17. Cremation (Burial, cremation, or removal, Which?) Date thereof 8/23/40 (month) (day) (year)
Cemetery or crematory Emergency Hospital
Location Easton
18. Funeral director Emergency Hospital
Address Easton
19. 8/29 1941 (Date rec'd by registrar) N. H. Meires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1940 at 5:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23 1940, to Aug. 23 1940 and that I last saw him alive on Aug. 23 1940

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D.
M. D. or other
Address Easton Date signed 8-25-40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

Palmer 08857

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 54 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot.
City or town Easton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Simon Addis Nevius
3. (b) Social Security Number 52.0428460

4. Sex M.
5. Color or race W.
6. (a) Single, married, widowed, or divorced M.
6 (b) Name of husband or wife Fannie C. Nevius.
6(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) August 24, 1865

8. AGE: Years 74 Months 11 Days 10 If less than one day hrs. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Hardware
FATHER 12. Name Abraham Nevius.
13. Birthplace New Jersey
MOTHER 14. Maiden name Anna Maria Staats
15. Birthplace New Jersey
16. Informant Carl A. Nevius.
Address Easton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof August 7, 1940 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton Md.
18. Funeral director James A. Spence
Address Easton Md.
19. 8/6 1940 (Date rec'd by registrar) N. H. Nevius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1940, at 2:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1940, to Aug 4 1940
and that I last saw h in alive on Aug 4 1940.

Immediate cause of death — DURATION
Cerebral Hemorrhage — 4 months
Due to Hypertension — ?
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other
Address Easton Md. Date signed 8-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1940
BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119 ad

08858

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 2 days 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Centreville - Rural (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Nelson Palmatory Jr.

3.(b) Social Security Number no

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 9, 1940

8. AGE: Years | Months 7 | Days 18 | If less than one day hrs. min.

9. Birthplace Ridgely, Md. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name James Palmatory

13. Birthplace Starkey Corner - Queen Anne Co.

MOTHER 14. Maiden name Pauline Cane

15. Birthplace Goldsboro, Caroline Co. Md.

16. Informant Mrs. James Palmatory

Address Centreville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 29, 1940 (month) (day) (year)

Cemetery or crematory Chesterfield Cemetery, Centreville

Location Centreville, Md.

18. Funeral director Barton Bros.

Address Centreville, Md.

19. 8/28 1940 (Date rec'd by registrar) N. H. Nevin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1940, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25 1940, to Aug. 28 1940 and that I last saw him alive on Aug. 28 1940

Immediate cause of death: Sello Colitis

DURATION 8/18/40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. N. Palmer M. D. or other

Address Easton Md. Date signed 8/28/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

08859

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 75

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. Goldsborough

(If rural, give LOCATION)

2.(a) If veteran, name war X8

3.(a) FULL NAME Harry Roberts.

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married.

6.(b) Name of husband or wife Arianna Leonard Roberts

6.(c) If alive, give age 70. years

7. Birth date of deceased (mo., day, yr.) Feb. 15 1865

8. AGE: Years	Months	Days	If less than one day
75	5	16	....hrs. ....min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired Druggist

11. Industry or business

FATHER 12. Name William Dodson Roberts.

13. Birthplace Md

MOTHER 14. Maiden name (?) Haberg

15. Birthplace

16. Informant Peter Roberts

Address Easton. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 3, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton. Md.

18. Funeral director James A. Spence

Address Easton. Md.

19. 9/2 1940 (Date rec'd by registrar) N. H. Merrill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1940, at 11 45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 - 1939, to Aug 31 1940

and that I last saw h alive on Aug 31 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 days
Due to Arteriosclerosis	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation No

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. W. C. Stevens M. D. or other

Address Easton Md. Date signed 8-2-40

RECEIVED
SEP 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08860

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: "Outside"
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alexander Sewell

3. (b) Social Security Number 716-01-7128

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Georgia Raikes
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.): Feb 22 - 1881 -
8. AGE: Years 59 - Months 5 Days 21 If less than one day hrs. min.
9. Birthplace: Trappe Talbot Co. Md.
(Town, county, and state)
10. Usual occupation: Railroad Laborer
11. Industry or business: Penna R.R. Co.,
FATHER
12. Name: Thos Gibson
13. Birthplace: Trappe Md.
MOTHER
14. Maiden name: Louisa Sewell
15. Birthplace: Trappe Md.
16. Informant: Georgia Sewell
Address: Easton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 16 40 (month) (day) (year)
Cemetery or crematory: Richards Cemetery
Location: Easton Md
18. Funeral director: John D Williams,
Address: Easton Md.
19. 8/15 1940 (Date rec'd by registrar) N. St. Nerries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 1.30 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Coronary occlusion — DURATION: 15 min
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Louis P. Watson Dep. Med Ex M. D. or other
Address Easton Md Date signed 8-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08861

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 67 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Wm Marion Skelton

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Widower

6.(b) Name of husband or wife: Nellie Grace Skelton (deceased)

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 24, 1872

8. AGE: Years: 67 | Months: 8 | Days: 2 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Easton Talbot Co. Md (Town, county, and state)

10. Usual occupation: Chief Judge, Circuit Court.

11. Industry or business: Law

MOTHER FATHER

12. Name: Wm James Skelton

13. Birthplace: Md

14. Maiden name: Sallie Dawson

15. Birthplace: Md

16. Informant: George L. Skelton

Address: Asheville, N. C.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Aug 29th 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Md

18. Funeral director: James A. Spence

Address: Easton. Md.

19. 8/26 1940 W.H. Meeres

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 25 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 1920, to Aug 25 1940

and that I last saw him alive on Aug 25 1940

Immediate cause of death	DURATION
Cardiac decompensation	1 day
Due to: Chronic valvular heart	
disease	3 years
Other conditions: ✓	

(Include pregnancy within 3 months of death)

Major findings of operations: ✓ Date of op.

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William T. Hammond M. D. or other

Address: Easton Md Date signed: Aug 26 40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-E

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Mr. 08862

1. PLACE OF DEATH:

County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.: S. Harrison St.
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: Cleveland Stevens Smith

3. (b) Social Security Number: 52-0488490

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: A. Katheryn Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 14-1883

8. AGE: Years 56 | Months 8 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Bowling Alley operator

11. Industry or business:

FATHER
12. Name: Charles S. Smith
13. Birthplace: Talbot Co.

MOTHER
14. Maiden name: Adeline Lister
15. Birthplace: unknown

16. Informant: Mrs Harry Eason
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 23-1940 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Md.

18. Funeral director: James A. Spence
Address: Easton, Md.

19. 8/23 1940 (Date rec'd by registrar) N.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 20 1940, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to 8-20 1940 and that I last saw him alive on 8-20- 1940

Immediate cause of death	DURATION
Toxemia	1 week
Due to: Carcinoma of small bowel	1 yr
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of small bowel Date of op: Dec 1939

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: P E Cox M.D. (M. D. or other)

Address: Easton Md Date signed: 8-21-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

08863

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton - Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 804 St. Paul Street (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Strubing

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	✓

B.(b) Name of husband or wife ✓

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1940

8. AGE: Years	Months	Days	If less than one day
Still Born			4 hrs. min.

9. Birthplace Easton - Talbot Co - Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Harry Strubing
13. Birthplace Brooklyn New York

MOTHER
14. Maiden name Sophie Sailus
15. Birthplace Worchester Mass.

16. Informant Sophia Strubing (Mother)

Address 804 St. Paul Street Baltimore Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 8/25/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton, Md.

19. 8/25 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1940, at 9-37 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h ..... alive on ..... 19.....

Immediate cause of death Still Born Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D. M. D. or other

Address Easton Date signed 8-30-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

Dr. Webb

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-3)

CERTIFICATE OF DEATH

07931

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 59 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Henry Thomas.

3. (b) Social Security Number None

4. Sex M.

5. Color or race C.

6. (a) Single, married, widowed, or divorced Widower.

6 (b) Name of husband or wife Nora Thomas.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1881

8. AGE: Years 59. Months 3 Days 6 If less than one day hrs. min.

9. Birthplace Talbot County, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Alexander Thomas.

13. Birthplace Md.

MOTHER 14. Maiden name Georgia Miller

15. Birthplace Md.

16. Informant Elizabeth Nixon

Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 6th 1940 (month) (day) (year)

Cemetery or crematory Richards.

Location Easton. Md.

16. Funeral director James A. Spence

Address Easton Md

19. 8/6 1940 N. H. Neerie (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~July 11~~ Aug. 4, 1940, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2, 1940, to ~~July 11~~ Aug. 4 1940, and that I last saw ~~her~~ alive on ~~July 11~~ Aug. 4 1940.

Immediate cause of death Acute Myocarditis

Due to Overwork.

Due to Syphilis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 2 mo.

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haynard E. Webb, M.D. M.D. ~~or other~~

Address Easton, Md. Date signed 8/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change date of death, letter in Permanent File under Dr. Hayward T. Webb. 10-25-40. C.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a

08864

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town Royal Oak
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph J. S. Thomas

3. (b) Social Security Number

4. Sex male

5. Color or race colored

6. (a) Single, married, widowed, or divorced widower

6 (b) Name of husband or wife Henrietta Thomas

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1871

8. AGE: Years 69 Months 6 Days 26 If less than one day hrs. min.

9. Birthplace Talbot Co.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Theodore Thomas
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden name Maragret Green
15. Birthplace Baltimore Co. Md.

16. Informant Henrietta Thomas
Address Royal Oak, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug 7, 1940
(month) (day) (year)

Cemetery ~~or crematory~~ Cemetery

Location Royal Oak Md.

18. Funeral director Newnam & Harrison
Address St. Michaels Md.

19. Aug 6 1940 John Hurwales
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940, at 3 A 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1940, to Aug 5 1940, and that I last saw him alive on Aug 4 1940

Immediate cause of death Acute Uremia

Hypertension

Due to Arteriosclerotic Nephritis

Generalized Arteriosclerosis

Due to Age

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION Undetermined

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE S. B. Lewis, M.D.
M. D. or other

Address St Michaels Md Date signed 8.6.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.